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Sanitary Conditions Aboard Transports

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MY position of quarantine officer at the port of St. John, N.B., brings me into intimate contact with the returning troops and military dependents on board transports. I have therefore an excellent opportunity of studying the actual sanitary conditions of these vessels and of judging of the fairness, or otherwise, of the complaints one so often hears, and which have been carried widespread throughout the country. I find that the complaints are four-fold, viz.: inadequate and insanitary accommodation; insufficient attendants; inadequate medical attendance, and, poor food.

On transports which carry troops only there have been very few complaints. On transports which carry both troops and military dependents there have been many complaints, and it is chiefly on such transports in which cases of influenza have occurred during the voyage that the complaints have been most numerous. There is, therefore, an intimate relation between the complaints and the incidence of influenza. The incidence of influenza is greater among the dependents than among the troops; the women and children being more susceptible to deleterious influences than are the men. It is, however, decidedly illogical to judge of the sanitary condition of transports, solely, by the number of cases of influenza which have occurred during the voyage. Influenza is ubiquitous at the present time and will make its appearance independently of the sanitary conditions wherever there is overcrowding as the disease is spread by direct contact. The number of cases of influenza, per caput, on board transports is a great deal less than among the population of our cities during the recent epidemic. One would

expect this, in spite of overcrowding, owing to the fact that a large number of the passengers have been immunized by previous infection. The death rate is higher; owing to lack of hospital space, lack of nursing staff, and the greater difficulty of treating cases on board ship. Insanitary conditions, by lowering the resistance, are an adjuvant. If the sanitary conditions were as bad as depicted one would expect to find other diseases, such as measles, scarlet fever and diphtheria present, and especially among the children, as they are the first to feel the effects of insanitary surroundings. Among the many hundreds of men, women, and children whom I have examined at this port I have found, of diseases other than influenza, only one case, viz.: measles, and that, strange to say, occurred in an adult.

I have noticed that there have been few complaints and that there have been very few cases of influenza when fair weather has been enjoyed during the voyage across. Under such conditions the passengers spend the greater part of their time on deck in the open air. The ship attendants have ample opportunity to keep the cabins and compartments clean and well ventilated, and the incidence of disease is thus reduced to a minimum. When foul weather is encountered the decks are forsaken; cabins and compartments below deck become overcrowded; sea-sickness makes its appearance with all its attendant discomforts and disabilities. The first to feel ill effects are the women and children. A woman suffering from sea-sickness is unable to attend to her own personal wants; it is a physical impossibility for her to attend on her children. The cabin floors and decks become polluted with vomitus, food remnants, and refuse of various kinds. The air quickly becomes polluted; its temperature and relative humidity raised, owing to overcrowding, and here we have ideal conditions for the development of germ life, viz.: heat, moisture, and organic matter. A few of the more modern ships are fitted with the vacuum system of ventilation, which consists of a system of ducts, leading from the cabins, and controlled by a fan which exhausts the vitiated air; the fresh air finding its way in through ports and other openings. The incidence of disease in ships of this class is less than on ships which are dependent for ventilation on perfilation alone.

Two days of above conditions and influenza makes its appearance. The presence of this disease in their midst does not add to the peace of mind of those who have been housed in such close contact with one another, and this coupled with the close confinement makes the people uneasy and restless, and finally leads to

grumbling and discontent; hence complaints of inadequate and insanitary accommodation. Under conditions, such as I have described, it becomes impossible for the ship attendants to keep the quarters in a sanitary condition; hence complaints of insufficient attendants.

The steerage has very little that appeals to one's aesthetic sense at any time. Under the best of conditions it is replete with discomforts. In bad weather it reeks. A number of stewardesses might with advantage be provided for the steerage for the care of the women and children.

There is one cause of complaint that is justified and that is lack of medical attendance; not so much from the standpoint of numbers of physicians; each transport has two, viz.: the military doctor and the ship surgeon; as from lack of skilled nurses. No doctor can act both as physician and nurse, and no stewardess, no matter how willing, can replace a skilled nurse. I have been given to understand, that in future, transports will be provided with a number of nurses, proportionate to the number of passengers. The hospital accommodation on all transports is inadequate and calls for improvement. Ample hospital accommodation should be reserved, both for the sick and contacts. Unless such accommodation is provided the treatment of the sick and the protection of the well becomes an utter impossibility. The question of food scarcely finds a place within the scope of this article. When one is suffering from mal-de-mar, let us say with Shakespeare, "Let digestion wait on appetite."

I find that the sanitary condition of transports is in the main good. That there is overcrowding, which is dangerous from the standpoint of public health, on some of the smaller ships, is true, but when studying this phase of the question we must take into consideration the shortage of ships and the anxiety of the returning Canadians to get back home. Thousands are clamoring to get back; officials try to accommodate as many as possible; hence instances of overcrowding. From my observation I have come to the conclusion that influenza is the prime factor in every complaint and I believe that strenuous efforts devoted to the prevention of occurrence and spread of this disease will be rewarded by a marked decrease in the number of complaints.

The Binghamton Health Centre

Reprinted from Health News, Monthly Bulletin, New York State Department of Health.

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THE Health Center at Binghamton, or the Community Service House as it has thus far been called, is the outcome of the growth of several health activities to the point where it became necessary for each to cut down its overhead expenses. This could be most easily accomplished by combining forces.

The Broome County Humane Society and Relief Association, supported by private subscription, recently acquired the four-story building at 71-73 Collier Street, Binghamton. As the society required only the first and part of the second floor for its purposes, it offered to the Board of Health space for its city dispensary, then in crowded quarters.

By accepting this offer the dispensary, which had thus far confined its work to venereal diseases and tuberculosis, was able to broaden its scope to include a complete medical clinic. Steps were immediately taken to co-ordinate the city hospital and dispensary activities as far as the out-patient department was concerned. This has been accomplished tentatively by the health officer becoming chief of the out-patient department of the city hospital, and the staff of the hospital co-operating in the maintenance of the various clinics which include the following:

Mental clinic—under the management of Binghamton State Hospital.

Crippled children—muscle training and nursing advice by Miss Mary Kenny, district nurse of the State Department, located in this district for poliomyelitis work; Miss Kenny at present has her headquarters in the Bureau of Health while in the city.

Dental clinic—under Binghamton Dental Society.

Tuberculosis clinic—under physician in charge of Broome County Tuberculosis Hospital.

Venereal Clinic—under Bureau of Health.

Medical

Surgical

Orthopedic

Prenatal

Gynecological

Eye, Ear, Nose and Throat

Under staff of City Hospital—one member of which will be appointed chief of his department with the power to select his subordinates.

All of the above will be run as a free dispensary. The question of a minor fee being charged to each patient registering remains to be determined, but at present sentiment favors no charge for treatment or medicine.

The funds to equip the clinics have been provided by public spirited citizens with the only stipulation that the equipment be the best obtainable and equal, if not excelling, any dispensary in the State of New York.

Space in the building is divided as follows:

First floor and basement: Broome County Humane Society and Relief Association and Boy's Club.

Second floor: Child Welfare and Clinic, Department of Health, 12 clinics, modernly equipped, open every day.

Third floor: Home service of Red Cross, motor corps, Red Cross workers, sewing rooms having modern electric machines, kitchenette, Humane Society and Relief Association store room carrying a stock of about \$5,000 in clothing and shoes.

Fourth floor: Living apartment of janitor, municipal lodging rooms and children's detention room.

All social activities are centralized in this building—West Side Charity Club, Employment Bureau, City and County Probation Officer; eleven organizations federated as one, operated by "a gentleman's agreement."

Funds for carrying on the work of the health center are obtained by means of a campaign conducted once a year, the words "charity" and "relief" being specifically eliminated in all publicity work.

The possibilities of this center, combining as it does all the social service and health activities of the city, are so great that we hesitate at this time to make more than a bare statement of facts. We feel that a long step in the right direction has been taken and that great progress is bound to result.

The Social Background.

EVERY successful Training School for Neighborhood Workers is being conducted weekly at St. James Parish Hall, under the auspices of the Neighborhood Workers' Association. The addresses given bear directly upon the social problems which the visitor will meet in the course of the work of family rehabilitation. At the request of the members taking the course these are being published in the *Public Health Journal*. The next four or five issues will contain the summary of other addresses given during this course. The programme of the course is as follows:

TRAINING SCHOOL FOR NEIGHBORHOOD WORKERS.

PROGRAMME.

March 7th (1)

- (a) The Approach to the Home Visitation.
Rev. Peter Bryce,
President Central Council N. W. A.
- (b) Condition Met in Visiting—The Social Background.
Miss Vera Parsons,
Central Neighborhood House.

March 14th (2)

- (a) The Essential of an Adequate Investigation.
Miss Mary McPhedran,
Central Office N. W. A.
- (b) Causes of Poverty.
F. N. Stapleford, M.A.,
General Secretary.

March 21st (3)

- (a) Sources of Information Regarding the Family.
The Confidential Exchange.
Miss O. M. Snyder,
Central Office N. W. A.
- (b) Sickness and Poverty.
Miss E. Dyke,
Department of Public Health.

March 28th (4)

- (a) Toronto's Social Resources.
Robt. E. Mills,
Department of Public Health.
- (b) Illegitimacy—Immorality and Poverty.
Rev. E. G. D. Freeman,
President East Downtown N. W. A.

April 4th (5)

- (a) Principles of Relief.
Private *versus* Public Relief.
Rev. P. J. Bench,
Superintendent Catholic Charities.
- (b) Unemployment and Poverty.
Rev. J. N. Miller,
Supt. Toronto Govt. Employment Bureau.

April 11th (6)

- (a) The Value of Records in Social Work.
Mrs. Fraser, Central Neighborhood House.
- (b) Desertion and Widowhood and Poverty.
Mrs. Mutch, Presbyterian Women's S. S. Association.

Thursday, April 17th (7)

- (a) Value of the Case Conference.
Rev. M. C. MacLean,
Director Memorial Institute.
- (b) Low Wages and Poverty.
Rev. Archer Wallace, M.A.

April 25th (8).

- Organization Ideals and Programme of the Neighborhood Workers' Association.
F. N. Stapleford, M.A.,
General Secretary.

The Essentials of an Adequate Investigation

MARY E. MCPHEDRAN,

Case Secretary, Neighborhood Workers' Association.

WHAT constitutes an adequate investigation must of necessity differ according to the information required. But in every case, an adequate investigation should give the *symptoms*, so that a proper diagnosis may be made, and the proper care and after treatment prescribed. Social evils are germs in the body

politic, and if Social Workers are to be the Social Physicians they must make a careful study of symptoms.

It is in this effort to find symptoms that personality plays so large a part, and where personality is contrasted with technique. Technique is important but it is vastly more important to acquire ability in handling family situations which cannot be learned wholly from a book or even from a trained worker. Facts as they actually exist have to be faced. The assets and liabilities of a family have to be found—with an endeavor to systematically develop assets and minimize liabilities. The worker must have faith in the possibilities of human nature, and must have a standard of workmanship, combined with sound common sense, that most uncommon thing in the world.

The symptoms may be classified under three headings:

1. The application for assistance.
2. The first interview with the person or family requiring help.
3. The other sources of information revealed which may be of assistance in offering a solution of the problem.

Through all these the worker must avoid the prejudiced point of view, and, above all, bear in mind "Particular Treatment for Particular People."

The word "investigate" savors of something disagreeable, while in reality our investigations should be visits with people for the purpose of exchanging information. We acquire this information because we wish to understand the situation, but the people we are visiting may be just as anxious to understand our family situation and know something of our plans and aims and why we have chosen this particular way of spending our life. We should never leave our own interests at home, and frequently we do not give ourselves as generously as we might. Occasionally, instead of giving sympathy we might ask for it. They will usually respond to our joys and sorrows and this will not only broaden their lives, but will make our contact with them more human. It is never the visited only who is benefited.

Plato says that the essence of equality is to treat unequal things unequally. Modern effort aims to attain that essence of equality by fitting the opportunities to the individual, and helping the individual to attain *his own* highest possibilities, not merely our ideas of his possibilities. We must match people with their disabilities. They would not be asking for our help if they had been able to cope with their environment. We may feel that we might have acted very differently under the same conditions, but surely we

would not assume the rôle of helper unless we had something to give them.

The origin of the application will affect the first interview. The one desiring help may apply in person—some friend may apply for him—the suggestion may come from another Social Agency or some firm or benevolent individual. There should always be a clear statement of the relation between the person reporting the case and the person in need.

The nature of the task depends on the kind of work to be done. It is much easier to get information in some cases than in others on account of the approach to the family. A nurse going in at a time of illness, or a government investigator who carries with her the possibility of monetary assistance, is much more likely to have a story of the family troubles poured into her ears, than a probation officer.

The question so often asked, "Don't people resent your visiting them?" can be answered in the negative without the least hesitation, by a social case worker. Some reasonable avenue of approach nearly always presents itself, and the worker should keep her mind open to all natural avenues of approach, and utilize them to the full. If this is done it will not be necessary to fall back on the weather very many times.

A successful first interview is the foundation of all good work to follow. If over emphasized it may lead to two dangers. If unsuccessful we may become discouraged—or if very successful we may be inclined to rest on our laurels. There may be divided opinion as to the place of the interview, but wherever it is people should be treated with decency and respect, and if seen in an office, should be interviewed privately. It is part of a social worker's task to build up the morale of people, and nothing should be done that would in any way injure their self-respect. In most cases a visit to the home is better than an office interview.

Before going to the home, or before completing the office interview, the worker should get as much information as possible. In Toronto we have the Confidential Exchange, which, if we have the identifying information, can give the agencies interested. If the family has ever before been known to individuals or social agencies, we can get in touch with these and find their idea of the family situation. Here again it is necessary to bear in mind that there may be unfortunate personal differences conveyed.

It is essential to have a thorough knowledge of the community, its resources, history, laws, the characteristics of the nationalities

found there, as well as the political, religious and social life. This will include a knowledge of other social agencies in the community, their point of view and general politics, and a realization of the interdependence of all social agencies. Such acts as the Act Relating to Prisons, Hospitals and Charitable Institutions, the Act Relating to Goals, Truancy Act, Juvenile Court Statute, Children's Protection Act, and Workman's Compensation, should form a part of every Social Worker's library.

Everything is modified by the visitor's knowledge of social disabilities and her conception of the possibilities of social treatment. Tact and good will are necessary, but tact must include knowledge, as it is impossible to be tactful with those whose point of view we fail to understand. The visitor must create an atmosphere.

Much of the success in finding symptoms depends on the visitor's ability to be a good listener, but with it all a determination to get beyond present difficulties—to find out what the family was at its best and the possibilities for the future. Listen with an unbiased mind to the story of the family situation. The truth is often hard to get at, for the present situation seems to them more acute than any previous one. Sometimes false statements may be due to low mentality rather than to low morality. Often the very telling of their troubles to a sympathetic listener relieves the tension and clears the atmosphere. Many people lead starved, sordid lives and long for genuine friendliness and sympathy. Just as other people, they need the sympathy that makes them feel stronger—the kind farthest removed from sentimentalism.

Never be in a hurry. One of the many dangers in going in with a formal set of questions is that the visitor is apt to leave when she has the answer to these questions, while if she stayed a little longer and discussed things quite aside from material needed for records, some things of vital importance to the situation might be brought to light. Try to find out how people act, think and feel in certain situations and in response to certain stimuli. As people differ, so they vary in their response to stimuli. The visitor who secures this intimate knowledge of the family's joys, sorrows, opinions, feelings and entire outlook on life, is not likely to blunder about matters of relief or other details. All the members of the family should be known, but there should be no effort to force their confidence. There must be a natural development of trust and friendliness. One important member of the family is often overlooked—the man—his story and his point of view are carefully considered by other workers in the community, the saloon and pool-room keeper, the

ward boss and the policeman—and in this particular they are considerably wiser than most social workers.

From the very first contact with the family, the development of self-help must be begun. Human beings have an unfailing tendency to lean on someone else in times of discouragement. Exercise is just as important in the development of self-help as it is in the development of muscles. Our part is to get people who want the right things, but they must do it themselves. Our contact with them either strengthens or weakens them.

There is certain definite information to be secured if a plan is to be made for the family's benefit. It is impossible to make a satisfactory plan unless there is fairly accurate knowledge of the main facts of the family history. How this shall be obtained and remembered is something each worker must work out for herself. But unless in very extreme cases, don't get our your pencil and paper until you are well out of sight of the house. Try making mental notes. Even people with poor memories can train them to keep essentials for a short time if they are sufficiently interested.

These main facts may be divided up into four histories as being possibly easier to remember in this form:

(a) *The Social History* includes the names, ages and birthplace of all the members of the family—when and where parents were married—in some cases this should be verified—the education of the parents, the school standing of the children, the church connection, and what is probably hardest to get, the correct names and addresses of relatives and friends. Previous addresses will often show whether the family has come up or down in the world, unless in times like these when people have to take what they can get in the way of a house.

(b) *Physical History*—The health of each member of the family—the name of the family doctor—does any member of the family attend clinics? Does a Public Health Nurse call, if not, should she be asked to call? All permanent disabilities should be noted.

(c) *Work History*—Present occupation of breadwinner. Does the women or do any of the children work? The earning capacity of each worker. Names and addresses of present and former employers. Is the work seasonal? Are there any of the family out of work—why, and how long?

(d) *Financial History*—Rent, and with that the landlord's name and address. If buying the home, how are they meeting the payments? Any debts—any instalment purchases? Are any of

the family insured, in what companies and the amount of payments? Do any of them belong to a Union or Benefit Society? Were family ever able to save, and how much? Present income—does any of this come from sources other than wages, as, for instance, a pension. Is family receiving relief, if so, the source and amount.

The first interview doesn't always disclose all the necessary information, but it is usually easier to get it then than to try and pick it up during several visits. If it rests between getting this and keeping the good will of the family, then, by all means, sacrifice the histories.

Besides these detached facts, there is needed whatever other facts will help in making an effective and well considered plan. Be careful about premature advice and promises until you are sure of facts, and guard against making plans for the present emergency only. It may be necessary to get the statements of relatives or friends—to visit those near at hand, or to have some social agency visit for you the ones at a distance, before adequate treatment can be prescribed. The minister, the S. S. or day school teacher, doctor, former and present employers, the landlord, several of these may need to be seen. Enquiries of present employers and landlords should be made with extreme care, if at all, for it is very easy in this way to create unpleasant feeling against those we are trying to help. In the case of foreigners—do not expose your ignorance of their customs. Try to understand something of what it means to them to find themselves in a strange country. Be specific about their nationality. Have they become assimilated and are they contributing as they should to the life of the community?

All this on paper may sound like an inquisition, but if we visit people for the purpose, not of finding them out, but of finding out how to help them, it surely justifies itself.

The essentials of an adequate investigation will include enough of the family history and information from the proper clues followed so that an effective plan may be made for the permanent benefit of the individual and through him the wider group, and the establishing of a friendly relationship for the successful carrying out of the plan; but putting special emphasis on the efforts to help the personality and to relieve that poverty of life which is due to the lack of a real vitalizing philosophy.

Causes of Poverty

F. N. STAPLEFORD, M.A.

General Secretary, Neighborhood Workers' Association.

POVERTY is a term which has no meaning unless used in reference to some standard. It is entirely a relative term since a standard of living which would be regarded as below the poverty line in Toronto, would be regarded as involving a moderate amount of comfort in say, London, and would be regarded as positive affluence say, in Pekin or Bombay. Poverty then, may be defined as a standard of living lower than the minimum accepted by the general consensus of any community as essential to a normally wholesome and physically effective life. The standard is necessarily then a somewhat vague one since it is based upon public opinion as to what constitutes the requirements for a decent life. A certain standard of housing, food and clothing, with some provision for the intellectual and spiritual necessities is set up by each community. If a family or individual is not able to maintain this, it is judged to be "poor." The judgment as to what constitutes poverty will depend upon the degree of material comfort and civilization which a nation or community has been able to maintain. A family which by the dictum of any community is regarded as "poor" suffers not only the physical discomfort incident to their situation, but also suffers a loss of prestige which is even harder to bear. Perhaps there is no factor quite so necessary to human happiness as the esteem of the group to which we belong. If we cannot win the admiration of our group as outstanding individuals, we wish at any rate to escape its contumaciousness and pity, due to inability to measure up to the accepted standard.

What then, are the causes of poverty? The victims of poverty are the casualties of the social order. The question as to the determination of the causes of poverty must be preliminary to any satisfactory course of social action designed to eliminate it. People rarely enter upon such an inquiry with an unbiased mind. Usually there is some presupposition. One group are absolutely convinced that the main causes of poverty are personal,—lying in defects of character—lack of energy and thrift. This group believes that taking the social order as it now is in most cases, families become dependent through causes which lie within their own power to prevent. The effort of this group would accordingly be fastened upon plans which have as their object the promotion of individual initiative and other personal qualities which would make each individual

the master of his own fate. Another great group emphasize almost exclusively the economic factors. They see the individual and family caught in the grip of an industrial system which is based upon world conditions of supply and demand and other factors which it would be ridiculous to expect the individual to very markedly influence. Those who are entrenched in the industrial system as holders of capital possess such an advantage that even, although they may be inefficient mentally and vicious morally, their income will almost inevitably increase. The man who does not possess these advantages may be an economic failure, even, although possessing unusual personal qualities. The social worker sees truth in both viewpoints and prefers to base conclusions upon facts as investigation brings these to light.

One very good way to uncover the sources of poverty is to take a specified number of cases which come to a charity organization society or other relief organizations, and analyze the causes which forced these families to seek relief. Through the case histories and other records concerning these families one would be able to, in this vicarious way, interview say, one thousand families and learn the reason of their poverty. Statistics of this kind are being collected in many places and reveal a good deal of uniformity as to results. If a large number of cases are taken, a fairly constant ratio is found to prevail. The social situation varies of course, and throws one factor and then another into prominence. Before Christmas, in Toronto, for example, out of 361 cases handled through the Central Office of the Neighborhood Workers' Association, only one had the handicap of unemployment, while 291 had illness as perhaps their most important disability. In January and February the cases due to illness dropped very considerably while the cases due to unemployment increased. In the records of the Neighborhood Workers' Association, 28 disabilities are listed. These vary greatly in importance. Widowhood is responsible for from seven to ten per cent. of the cases, while illness is responsible for from 50 to 60 per cent. Taken over a period of years and taking into consideration the results obtained from a number of cities, sickness is the largest and most important of the handicaps which force families below the poverty line. Adequate health measures are then, among the most effective means of combatting poverty. Of course, it is not only a cause, but is also a result, springing partly from industrial conditions. If sickness causes poverty, it is necessary to ask what causes sickness. The most important disabilities in the 290 cases handled through

the Central Office of the Neighborhood Workers' Association in February, are listed as follows: Of course one family may have more than one disability, so that it is difficult to assign the exact proportion of cases due to each cause.

Sickness of Breadwinner, 30; Specific Diseases, 3; Tuberculosis, 10; Other illness, 76; Old Age, 8; Blindness, 3; Other Physical Defects, 14; Feeble-mindedness, 8; Epilepsy, 3; Insanity, 2; Intemperance, 2; Begging, 11; Shiftlessness, 10; Sexual Immorality, 3; Illegitimacy, 5; Desertion, 23; Non-Support, 12; Dementic Incompetency, 18; Domestic Infelicity, 8; Unemployment, 53; Unemployable, 17; Low Wages, 52; Imprisonment, 5; Industrial Incompetence, 5; Dependent Children, 63; Bad Housing, 8; Non-Adjusted Immigrant, 3; Influenza and Pneumonia, 34.

If these are the causes of poverty, what should be its treatment? Under this heading, of course, only the widest generalizations are possible. There can be no single solution to this problem. The treatment must be as varied as the disease. The whole social programme, so diverse in its specialized treatment of specific problems, is operating in drying up the springs of poverty. There is no one measure which will strike at the root of poverty, for poverty has many roots. Prohibition has not eliminated poverty, but it has helped the problem greatly. It has largely eliminated those cases which had intemperance as the casual factor. Mother's Allowances are urgently needed, and will do a great deal of good. They will not, however, extirpate poverty, but only that eight to ten per cent, of it which arises through widowhood. Better care of the feeble-minded will eliminate some of the most hopeless cases with which the social worker tries to deal. These measures will, however, only reduce the amount and not do away with it entirely. Poverty is a product of the whole social system. Poverty is one of the by-products of the laboratory of community life and every weakness of the social order registers automatically here.

Poverty is then, partly a health problem, partly an economic problem and partly a problem of education. Anyone who is making a contribution in any one of these fields is helping to solve the problem of poverty. A rough classification of the ways in which a solution of the problem is being sought, may be made as follows:

1. Stimulus of the individual and family. Even under present social conditions a great deal can be done to reinforce the will and initiative of the individual, to awaken the ambition, inculcate thrift and to cultivate the habit of self respect and independence. The churches, the social case worker, the friendly visitor, have here a

very important work to do. Religious influences are exceedingly helpful when reinforced by a genuine and intelligent friendship. The radical is accustomed to turn a coldly critical eye upon this type of work, but when properly done, it is constructive and helpful in much the same way as the work of the physician and nurse.

2. The readjustment of the educational system in the way of technical education, vocational guidance, and the prolongation of the period during which education is made compulsory. The result of this will be to decrease the number of boys and girls who drift into dead end occupations and become unskilled workers. The unskilled worker becomes the ill paid casual worker and from there the drift into poverty and dependence is easy. The margin of safety is always small and any serious family misfortune plunges them over the line. Anything then which diminishes the number of unskilled workers, diminishes the volume of poverty.

3. The great emphasis now being placed upon public health measures points to a very effective way of eliminating poverty. Ill health is the largest single cause and forms a very large percentage of the whole. Anything then in the way of preventative or curative medicine operates to keep down the amount of poverty in a community. There would be a much greater amount of dependence and poverty in Toronto, for example, were it not for its well organized Health Department, and other health resources of the city. The next ten years will undoubtedly see a very great increase in the efficiency of the organizations and measures aimed to guard the health of the people and increase their physical vitality. Health is rapidly becoming a public function in the same sense that education now is. The physician will become an official of the state.

4. Growth in the amount of community owned property. Poverty indicates a dearth of the things of the spirit, as well as of material things. There have been of recent years tremendous additions to the property owned by the community and as such open to use by the poorest. The extension of the free library, parks, playgrounds, picture galleries, museums, community music, etc., open to the poorest avenues of the wider life which were formerly the privilege only of the well to do. The amount of actual property owned by a modern community is rapidly increasing, and it is constantly being used in a more democratic way on behalf of all the people. Public ownership of public utilities is operating in a somewhat different way to bring about the same result.

5. There is being built up in every advanced community a great code of social legislation, which is steadily curtailing the amount of

poverty and adding protections to those classes which stand closest to the border line; Health and Unemployment, Insurance, Old Age Pensions, Workmen's Compensation Acts, Prohibition, Mother's Allowances, Legal Protection and Community Care of the Feeble-minded, insane and totally disabled, Minimum Wage Laws, all operate in drying up the springs of poverty. This movement has barely begun in Ontario and will undoubtedly have a great expansion in the immediate future.

6. There are also the more purely economic and industrial readjustments. There is a marked improvement in the sanitation of factories and the physical surroundings under which men and women in industry must work. Hours of labor are being shortened, industrial accidents lessened and wages increased. To-day, the effort of organized labor is to obtain the six-hour-day. One hundred years ago labor was striving with much less hope of success for a 12-hour-day, the usual rate being 14 to 16 hours per day. The actual condition of the workers is being steadily improved, although there is just as much, or even more difference between the conditions of the very poor and the very rich as there ever was.

Public opinion, the trades union movement, the conscience (and sometimes the enlightened selfishness) of employers is operating in the direction of raising the standard of living. Lest we get too optimistic and complacent, however, a walk through the poorer quarters of any large city would cure us of a too easy optimism and thoroughly convince us that a vast amount remains to be done. The true social goal is the widest, fullest and most satisfactory life for all citizens. The trails have already been blazed toward this goal. It remains for us to develop a generation which will really use this knowledge for the freeing of mankind.

Sources of Information regarding the Family

DR. JAMES JACKSON PUTMAN says one of the most striking factors with regard to the conscious life of any human being is that it is interwoven with the lives of others. It is in each man's social relations that his mental history is mainly written, and it is in his social relations likewise, that the causes of the disorders that threaten his happiness and effectiveness and the means for securing his recovery are to be mainly sought.

A doctor before prescribing treatment for his patient must diagnose his case, and before he can diagnose he must, as it were, go through certain processes. So with Social Workers, there are

certain processes which lead to a proper diagnosis whereupon will follow the correct treatment.

In discussing an adequate investigation we thought only of the picture, as it were, without the frame. To-day we shall think of the frame or other sources. Surely we cannot think of our client's affairs as ever being ready for social treatment when no outside sources have been consulted. Such sources might be, relatives, neighbors, physicians, friends, employers, police, dispensaries, courts, nurses, health departments, lawyers, tradesmen, church members, marriage and birth records.

Upon the worker's own judgment must rest the decision which of these sources shall be seen first. In all families there is more or less a disability needing immediate treatment, and this will be a starting point. There are, however, a few principles laid down by social workers which should govern us in seeking information from such sources.

1st. Since in making our first investigation our object was to gain as much of the history of the individual members of the family as possible, so to, we must now strike out boldly for history, and avoid for the time being at least, those references whose point of view is most like our own. We cannot afford to lose a moment before consulting people who knew our client at his best.

2nd. We must select those sources which are likely to be rich in history only and then seek later those most likely to be rich also in co-operation.

3rd. We must seek out witnesses who have been able to make first hand observations in preference to those whose information is all second hand, that is do away with hearsay evidence.

4th. We must recognize the special value of supplementary clues, of clues, that is, to sources of information not revealed in the first interview or any subsequent one with the family group, but which come to light in the course of the inquiry. The source revealed casually is less likely to be prejudiced.

5th. We should think of sources in groups and tap each group for a new set of experiences.

6th. We should distinguish groups, all of whose members are apt to see eye to eye and in which consultation with one source may possibly suffice, from those in which there is likely to be diverse experiences within the group. For example, clergyman and church visitor, principal and teacher.

7th. We must recognize in contradictory evidence, and in total of evidence that reveals no plan of action, the need for further inquiry.

Let us remember also that it is well for outside sources to be seen by the same visitor, that has had the first interview with the family. A personal visit is always much better than a telephone call, and so examine more minutely some of those sources. Oftentimes the family object very strongly to our seeing their relatives. They may be prejudiced. They may assume more than they really know. Sometimes also there is a lack of understanding of the social situation and of social values. But on the other hand, the relatives to the Social Worker, mean a source of individual and family history, they are often a fountain-head of insight and what is more they are a source of backing and active co-operation. It is well to know more of the family history where there appears to be a question of tuberculosis, alcoholism, mental disorder, nervousness, epilepsy, cancer, deformities, or any exceptional ability, etc., etc. It does not always mean that the relatives are seen only with a view to gaining their financial assistance and support. The relatives have a moral right to be considered. Their claim is stronger than church or social agency. In this regard we would say, let us not be "Penny wise and pound foolish" and over emphasize the legal responsibility and thus under emphasize the social opportunity.

With regard to medical sources we would mention the physician, hospital, sanatorium, dispensary, medical social service department, nurses, and last, but perhaps, the most important, the public health departments. Here, again, there might be a discussion of pros and cons as sometimes there is a lack of social attitude, sometimes the diagnosis and prognosis conflict. Medical records are sometimes faulty. The two types of data—social and medical are complementary. There is a very strong social responsibility for early medical diagnosis, e.g.—break-down and vice versa. The epidemic called for immediate social action. It is vastly important when the Workmen's Compensation Act, would need to be used.

For best family rehabilitation work it is well for the social worker to have the name of the disease and duration of illness and probable outcome. In consultation with such medical sources, we would come to some conclusion as to what social treatment would hasten the recovery and what would avoid recurrence.

When consulting schools we would wish to know the grade, scholarship, attendance, behavior, physical condition, mental condition, home care which the children might have, and the result of social treatment. This is a most important source where children are concerned.

Employers are other sources. We might put these into three classes, past, present, and prospective. Let us approach present employers most tactfully, and often times it might be well that these should not be seen at all. We can often gain splendid co-operation from past employers.

In the case of accidents let us be sure to obtain the other man's point of view and approach with unbiased mind. In work with a sailor, let us examine their books. Each English sailor has a record of time spent in the navy, this states the name of the Captain, boat he sailed on and time spent, and his conduct while on it.

Trade Unions and fellow workmen should be seen, Welfare Managers, store detectives, oftentimes employment offices.

We next come to documentary sources. Although some of us are very much opposed to having our families registered in an exchange our own names appear in many places, our birth, our standing at school, our inheritance, where there has been a purchase or transfer of property, marriages, fatherhood, death of friends; these are all public records. Physicians, dentists, insurance companies, banks, etc., all have some intimate facts neatly indexed and fyled, so that no matter how uneventful the life may be, or however retiring the disposition, one will find himself very much on record and will be still more so as the community becomes more highly organized. It is quite important that birth and death records be consulted. These may be seen in the family Bible, Baptismal certificate, passports, etc. These are recorded for the Province of Ontario and are kept at the Parliament Buildings.

Marriage and divorce records and proof of legal marriage is very necessary in cases of desertion and in separation and non-support cases.

The English form of Marriage Certificate bears a great deal of information. Relatives and their addresses, their occupation and also the occupation of the man and woman who were married are all stated on the certificate. The American death certificate also gives important information.

City Directories will help us in locating people, voting lists may be consulted, enlistment records, police books, property records, property, pension and bank accounts, immigration records, records of conduct. Newspaper files might often be consulted, year books of the city and religious denominations, social directories. The use of these documentary sources does not stir other people to prejudice or action. Public records are usually consulted through public officials. In searching these we must not limit ourselves to one spelling. Often times we must look for more than one name.

Then there are certain neighborhood sources which can be seen. In cases of child neglect, or immorality, it is well to see present neighbors. It is well also to visit past addresses and learn the character of the neighborhood in which family lived. Avoid in this work any gossip, the stirring up of any prejudice. Landlords must sometimes be seen. Agents collecting rents can oftentimes give information. Local tradesmen, such as the grocer or druggist. Perhaps a statement has been made that a certain woman has been drinking and the grocer or druggist may often be able to give information regarding this.

Sometimes the unusual source newly discussed and evaluated and then held in reserve, is one test of diagnostic skill.

May we briefly refer to such sources as police, city librarian, foreign councils. Then there are certain business sources which may be tapped—Fraternal Orders, which might be very valuable for financial co-operation.

Social Agencies as Sources.—Let us remember that working together in order to understand and achieve is always a more fruitful process than co-operating in order to co-operate. Some of us still make an investigation and form our plans and then assign to others a part of our work instead of taking other folk in at the beginning.

Different tests must be applied to evidence given by Social Agencies. Let us remember that they can supply their own social experiences with the family, and second, they can also supply objective data. From the church the social workers may gain personal experience rather than objective data. Let us respect clergymen and settlement workers' point of view if they hesitate to give testimony in court work. A second organizations time and efforts are saved if data gathered can be supplied, thus we see the value of records, a more important saving even, is the wear and tear of the sensibilities of the client, who might be harassed by endless questions, and we would naturally conclude that before working with a family we should learn what other organizations have known of the family. As has already been stated, we should, as the first step, upon the application of a client, learn what other agencies are acquainted with him. Discovery is made easy by the exchange of identifying data.

This brings us to the discussion of the Confidential Exchange. The exchange means better diagnosis, better treatment, better understanding among agencies and incidentally it has reduced duplication and has increased the sense of responsibility of the social

agency definitely in charge of the individual case, and has been, moreover, a real economy.

Miss Byington has summed up the exchange in the following words:—The mechanism of the exchange is an alphabetical index with a card for each family or unattached person known to the inquiring agency. This card gives the identifying information, name, age and occupation of the members of the family group, name and address of relatives sometimes, and names of agencies interested with the date on which each inquired. No facts whatsoever of the family history or treatment are included and gradually we are learning to substitute the word "Inquire" where formerly we used the word "Register." Some Social Agencies refuse to use the exchange because they say the relations with their clients are too confidential, but on the other hand, we should say that the use of the exchange protects the family. The Exchange is not a device for preventing over-lapping of relief, neither is it a benevolent detective agency, but it does conserve and render more efficient our service to an important section of the community.

As has already been stated in previous lectures, let us here, again, repeat that we inquire of the exchange before acting, instead of after. Neither Confidential Exchange, nor uniform record cards, nor the business-like agreements sometimes suggested by efficient experts who know little or nothing about Social Case Work, will succeed in eliminating supplementary investigation, but with such effective aids as thorough standard diagnosis, the slow development of sound technique reinforced by a thorough use of the Confidential Exchange, the duplication of investigation, and to which there can therefore be no reasonable objection, will gradually disappear. Since Social Agencies are all strong towards prevention and construction in their work, let us refer our families as quickly as possible and let us do the work which we promised to do immediately.

Reconstruction in Industrial Life

ADDRESS BY DR. SAMUEL ZANE BATTEN, PHILADELPHIA

(Continued from the March issue)

We have affirmed our confidence in the democratic principle. Let us see to it that in the days to come, we interpret that in industry. We have tried to interpret it in political life. We have been told that democracy is Government of the people, by the people and

for the people. Now, if that is the definition of democracy in Government—and I think it is—then we must say that democracy in industry means industry of the people, it means industry by the people and it means industry for the people. Any system that depersonalizes the relations of men, and separates men into two groups is not a satisfactory system; is not a Christian system, it is not a finality, and you and I should not accept it. We should then set ourselves to work to find a more Christian, more democratic, more satisfactory order of society than that, and one of the first things is to recognize the fact that industry is of the people, grows out of the people, out of the life and co-operation of all the parties in that industry, and let us see from this time forward that industry consists of the investors, the managers, the workers, the public as partners. It is a partnership in the best and fullest sense of the term.

When we have affirmed that, we have gone a long way towards the light. We are not going to emphasize class distinction; we must not create class consciousness, but we must create social consciousness,—not to think in terms of one group of society, but to think in terms of all. One partner in industry is not to look at it from the point of view of his own interest, but from the point of view of all parties that in any sense are affected by that industry, and that simply means that industry is an enterprise that should be held to consist of all these parties—investors, managers, workers and the public.

Reference has been made this afternoon to Mackenzie-King's book on "Industry and Humanity." For some five years, as you know, he was Field Investigator for the Rockefeller Company. I should like to have known some of the inner history of the last five years. He has published a book that to my mind is one of the most significant books in our day, and it is written by a man who is well known by Canadians, and he is going to be better known by us on the other side of the line. That book, "Industry and Humanity," lays emphasis upon that fact.

By recognizing the fact that industry consists of all these parties, we will personalize the relations of men. We will bring them together, not as one class or one group, but as all parties.

You also remember that word of Sir Edward Grey, spoken in the House of Commons, May 24th, 1916,—words well worth remembering and they apply not only to the world struggle, but to industrial life—"I care not how often I say it, but this war might have been averted by a conference. Why was there no conference?—because there was no good will."

Why do we have friction to-day in the industrial world?—because there is no conference, and there is no conference because there is no good will. And that was what brought on the Battle of Ludlow Bridge in the Colorado Mines Strike—no conference, no good will. Some four years ago, the man who held 52 per cent. of the stock in that mine came to feel that he must have some personal responsibility. He went out to Colorado; he tells it in his little book; he met the men in their homes, went down in the mines, met them in committees, and out of that has come the creation of what he calls the Colorado Plan of Industrial Democracy. Well, it is the beginning of Industrial Democracy; it is not the whole thing yet. He recognized the fact that there must be confidence, personal relationships, and when you have these you have the beginning at least of good will, and we will never have peace in the industrial world—and God forbid that we should have peace on any other terms than on terms of humanity, of personal relationships and good will and love. Then we will have the beginning of peace, and that is simply the interpretation in the industrial world of one aspect of democracy.

That is not all, but if we are to have democracy in industry at all—and remember that industry is held to consist of all of these partners—we are opposed to plutocracy in international relations; we are equally opposed to secret management in industry. The partners must have a knowledge of the partnership affairs. Being partners they must have a partner's voice in all questions that concern that enterprise. They must have a voice in the questions of the conditions of labor, hours of employment, discharge of employees and things of that kind—wages, too, if you will.

Now we must go just a step further than some of the plans of democracy would carry us. Many of them will go that far and will have a council representing all the partners to deal with the conditions of labor, recreation for children and so forth, but they will not touch the question of dividends. Now, men and women, we are never going to have democracy in industry until every question that concerns the enterprise is passed upon by all the parties. In other words, the time has passed, as Mr. Robert C. Ogden said some five years ago to some 600 representative business men, "The time has passed when one man sitting alone in his office can fix the wages of hundreds or thousands of men. One man, by his own vote, could settle the question of the wealth and welfare of thousands of families, but that time has passed. The worker is entitled to a voice." Mr. Ogden said that to 600 men of New York, and democracy can never mean anything less than that. Every partner

must have a partner's representation some where in the consideration of every question that concerns that industry.

If our democratic principle is followed in industry as in Government, then we must have industry of the people, by the people and for the people, and there must be such a sharing of the profits of that industry as shall be agreed upon by all the parties; that one man shall not be permitted by a democratic society to say, "This much I take first in the way of dividends," and then apportion the rest out in the way of interest and in the way of wages. Every question that concerns it will have to be passed on by the partners. That is going to mean that more and more the ownership of tools will pass into the hands of the people who operate them—and I believe we will move towards democracy just as fast as and just as far as we recognize that principle.

What are the next steps? The ultimate thing is full industrial democracy. We cannot put full democracy into operation to-morrow. That would wreck everything, but there are certain steps that lead in that direction, and the first thing is to have a constitution or charter for industry. The worker must have some written statement to which he can appeal, so that he is not dependent upon the good will or the ill will of one man or a few men. That is more or less charity; what we want is fundamental justice; something agreed upon by all; some charter or bill of rights that shall be an impartial arbitrator of common welfare to which all parties can refer and by which all questions shall be decided. That charter or bill of rights will have to do with conditions of labor; will provide means for the representation of all parties; it will provide that all these parties or their representatives shall pass upon all the questions and shall distribute the proceeds. There must be a guarantee on the part of the worker of some equity on his job, and should not be discharged without good reason—a reason at any rate that is covered in this bill of rights. In other words, this charter or bill of rights must cover the organization of that industry.

There are two or three other things; one is collective bargaining. I say it frankly, I do not see how the worker is to emancipate himself unless the workers are organized. I do not regard unionism as a finalty. If society were fully intelligent and fully democratic, labor unions would be just as unnecessary as an organization for fighting the purposes of the employers and manufacturers, but for the present, I believe as a preliminary in the practice of democracy, we must have collective bargaining. I do not see how the lot of the women workers can be very much advanc-

ed unless the women themselves agree to do team work and to organize as workers. But I believe it is our business as social workers to-day, to lay emphasis upon that fact and see that as a preparation for democracy, you must learn to think together and work together. You cannot have democracy until you have begun to do that, and just as long as women in industry are an individualistic as we find them at present, their rights are not going to be fully considered.

Then we must have a council representing all the parties in this enterprise that shall consider all the questions that arise. I touched on that a moment ago, and so I will pass it.

We may have an industry that within itself is fully democratic; that is, the employers and workers may meet in council and manage it among themselves. It may be fully democratic within itself and yet it might be destructive to the higher welfare of society. If that industry is to be democratic, it must come under the supervision and control of society. So democracy in industry applies then, not merely to the industry within itself, but to the relations of one industry to all the other industries in the world, and all other processes in society.

Then, there must be a preparation for citizenship in industry if we are to have full democracy. We might as well face the fact that a large proportion of the people are not efficient workers. They are not efficient as economic units. What I believe we should work for as social workers, always and everywhere, as the preparation for full democracy, is to create in the minds of the people efficiency, preparation for faithful, effective work as industrial citizens. That is going to mean, of course, general education, and more than that, it is going to mean some special training for their work. We must have scientific management not by a few, but we must have scientific preparation for efficiency in industrial life, and that, of course, comes back upon society itself.

Our business then is to re-interpret this principle of democracy and to see that democracy in industry means industry of the people, by the people, and for the people, and then resolutely set ourselves to the task of asking, what are the things that make for democracy in industry? And may we not say that is good which makes for co-operation, which makes for fellowship? May we not say that policy is good for the time and place which brings the workers together, and which on the part of those who are strong in industry, success to create power and effectiveness in all the other parties in that industry? In other words, the manager from this time forward holds some responsibility for his worker, and he must do

everything that lies in his power to prepare himself for full effective service, for citizenship and industry, as democracy recognizes its responsibility to prepare people for citizenship in the State. Then these words of our poet shall be realized:—

Then none shall work for money,
And none shall work for fame,
But each for the joy of the worker;
And each in his separate sphere
Shall draw the thing as he sees it,
For the good of things as they are.

C.A.M.C. News

MONTH OF MARCH, 1919.

APPOINTMENTS (CANADA).

Lieut.-Colonel Percy Keith Menzies, is posted for duty under the A.D.M.S., M.D. No. 2.

Major Robert Frederick Flegg, is appointed to a Permanent Conducting Staff, and attached to the Clearing Service Command.

Lieut.-Colonel Archibald Lorne Campbell Gilday, D.S.O., is appointed as acting D.A.D.M.S., M.C. No. 4, vice Major H. S. Muckleston.

Capt. Walter Lawson Muir, is posted for duty under the A.D.H.M.S., M.D. No. 6.

Capt. Gerald Shaw Williams is posted for duty under the A.D.M.S., M.D. No. 10.

Lieut.-Col. Ethelbert Browne Hardy, D.S.O., is posted for duty as Officer Commanding, St. Andrew's Military Hospital, vice Major T. D. Archibald.

Major Benjamin Leslie Guyatt is posted for duty as Officer Commanding Base Hospital, Toronto, vice Lieut.-Col. Etherbert Browne Hardy, D.S.O.

Capt. Louis Joseph Adolphe Mignault is appointed to the staff of the A.D.M.S., Embarkation, M.D. No. 6.

Lieut. Romeo Jules Vallee returns to M.D. No. 4 from M.D. No. 6.

Capt. William Goldie is posted for duty under the A.D.M.S., M.D. No. 2.

Major Harvey Lee Jackes is posted for duty under the A.D.M.S., M.D. No. 2.

Captain Harold St. Clair Wismer returns to M. D. No. 1, from M. D. No. 2.

Capt. Charles Edmund Flatt is appointed to a Permanent Conducting Staff, and attached to the Clearing Services Command.

Major Thomas Logan Towers is posted for duty under the A.D.M.S., M.D. No. 1.

Capt. Charles Francis Dunfield is posted for duty under the A.D.M.S., M.D. No. 1.

Capt. Arthur Martin is posted for duty under the A.D.M.S., M.D. No. 4.

Lieut. Garnet George Stonehouse is appointed under the A.D.M.S., Embarkation, and attached to the Clearing Services Command.

Capt. Roy Gordon Brain is posted for duty under the A.D.M.S., M.D. No. 1.

Captain Duncan Alexander Campbell is posted for duty under

Major Charles H. Robson is posted for duty under the A.D.M.S., M.D. No. 2.

Lieut.-Colonel Daniel Paul Kappele, D.S.O., is posted for duty as Officer Commanding, Brant Military Hospital.

Colonel Frederick Samuel Lampson Ford, C.M.G., ceases to be employed as A.D.M.S., Embarkation, and resumes duty in the branch of the D.G.M.S., Militia Headquarters, Ottawa.

Major William Boyd McMochnie is posted for duty at the Vancouver Military Hospital.

PROMOTIONS.

Capt. Ernest Herbert Young to be Major while commanding the Military Hospital, Cobourg.

Capt. Clarence B. Farrer to be Major, 11th March, 1919.

The following Lieutenants to be Captains:

Lieut. Roy Dickson Lindsay, 1st January, 1919.

Lieut. Daniel Alexander Carlyle, 1st December, 1918.

RETURNED FROM OVERSEAS.

Capt. A. E. Naylor, Capt. D. A. Campbell, Capt. D. Black, Capt. E. H. Marcellus, Capt. M. U. Valiquet, Major James Carlyle Fyshe, Major James Albert Dickson, Capt. William Lewis Colquhoun MacBeth, Capt. Henry Stephen Gooderham, Major Robert Flegg, Colonel H. A. Bruce, Capt. C. K. Wallace, Colonel W. H. Delaney, Capt. F. B. Day, Lieut.-Colonel J. S. Jenkins, Capt. R. P. Borden, Major C. H. Robson, Major E. H. Mayhood, Major John Wesley Pilcher, Lieut.-Colonel G. E. Kidd, Capt. D. A. Warren, Major R. J. McEwen, Capt. C. L. Douglas, Capt. A. R. Alguire, Capt. L. P. Churchill, Capt. N. Monk, Capt. W. Hale, Major F. W. Tidmarsh, Capt. J. A. Reid, Major J. F. Irving, Major W. H. MacDonald, Major A. Beech, Capt. H. A. W. Brown, Capt. W. D. Cruickshank, Major K. E. Cooke, Capt. C. E. Hanna, Capt. R. F. Greer, Capt. H. V. Malone, Major J. A. Briggs, Lieut.-Colonel T. M. Leask, Capt. R. M. Harnie, Capt. (a-Major) G. E. McCarteney, Capt. George Douglas Jeffs, Capt. W. C. Givens, Major (a-Lieut.-Col.) C. Hunter, Major W. G. Lyall, Capt. J. Bilodeau, Capt. C. O. Banting, Major G. W. Hall.

RETIREMENTS.

The following officers have been struck off the strength of the Canadian Expeditionary Force, on general demobilization and various other reasons:

Honourary Lieut.-Colonel David Law.

Capt. William Cole.

Capt. Maurice Joseph Vignoux.

Capt. Horace John Haslett.

Major James Albert Dickson.

Capt. William Lewis Colquhoun MacBeth.

Capt. Henry Stephen Gooderham.

Capt. Ernest Samuel Moorhead.

Major George Carleton Hale.

Capt. Albert Franklin Mavety.

Major Harold Struan Muckleston.

Lieut.-Colonel Norman Victor Leslie.

Major Joseph Damase Page.

Lieut.-Colonel Wellington Howard Reilly.

Major Horace Weldon Coates.

Capt. Leeming Anderson Carr.

Colonel Charles Ayre Peters.

Capt. Wilfred Joseph Harringer.

Capt. Patrick Herman McNulty.

Capt. Benjamin Amedee Le Blanc.

Major Stuart McVicar Fisher.

Capt. Thomas Harold Douglas Storms.

Capt. Donald Thomas Evans.

Lieut.-Colonel Reginald Stirling Pentecost.

Major George May Foster, M.C.

Major John William Hutchinson.

Major Clive Augustus Staples.

Major Robert James McEwen.

Capt. Beresford Harty Thompson.

Capt. Allen Bernard Greenwood.

Lieut. Charles William Duck.

Colonel Henry Raymond Casgrain.

Major James Ernest McAskill.

Capt. Norman Monk.

Capt. Charles Sears McKee.

Capt. David Scott Johnstone.

Colonel James Henry Wood.

Lieut.-Colonel Charles W. Vipond.

Capt. Van Arsdale Blakslee.

Mr. Justice Hodgins' Report to the Ontario Government on the Venereal Disease Situation

THE following is a copy of a portion of the report made by Mr. Justice Hodgins, a Commissioner appointed by the Ontario Government to investigate Venereal Diseases. This report was presented to the Legislature during the present session:

In this connection, mention may be made of a matter which is partly one of general war policy, but affects the situation in a marked degree. Salvarsan, a medical necessity, under various names, in dealing with venereal diseases, is protected by a German patent. In Canada, only two licenses to manufacture it have been granted, and in each case 5% on the gross sales has been reserved, presumably for the ultimate benefit of the German owners. Only one licensee, the Synthetic Drug Company, has made any progress in producing it, although the licenses were granted in 1914, and the Patent Commissioner has refused to allow the Provincial Board of Health in Ontario to manufacture it. The reasons for this refusal are stated in the judgment of the Deputy Commissioner of Patents dated 12th July, 1917, as follows:

"In view of the public service rendered by the Synthetic Drug Company as above mentioned the curtailment of their market by the granting "of an additional license at the present time would be an injustice to them and the public interest would not be served thereby.

"It was apparent at the hearing that the present application for a license was for the purpose of enabling the applicant to control the prices charged by the Synthetic Drug Company rather than for the purpose of enabling him to manufacture the product."

The Deputy Commissioner thought that \$1.25 for the ordinary dose of 0.6 gram. or nine grains, if ordered in quantities, with proportionate prices for other doses, was reasonable, as prior to the war the wholesale price of this drug was \$2.10 for the 0.6 gram. dose.

In reference to the first reason assigned by the Deputy Commissioner of Patents, I may say that on examination before me, Mr. Stuart Roy McEwan, Treasurer and Sales Manager of the Synthetic Drug Company, admitted that their profits were chiefly made out of their foreign trade, and so far as Canada was concerned they were not so much concerned with the price to be made here,

providing those who made and sold salvarsan kept out of the foreign trade. The comparative prices and the volume of foreign and home trade will be found after Mr. McEwan's testimony, among the evidence transmitted herewith.

The result of so dealing with this indispensable drug has been that this essential remedy for a national evil can only be obtained on the terms of a royalty reserved as above stated, and at a price fixed by one firm who have a practical monopoly in manufacturing it.

This consideration for the patentees is no doubt a matter of State policy, but the refusal of a further license, in view of the present great demand for salvarsan is a national mistake, unless the Federal Government is prepared itself to undertake its production on a large scale. This matter ought, in my opinion, be made the occasion of a strong representation to the Dominion Government, who perhaps have not had before them the fact that this remedy is now and will hereafter be needed in large and increasing quantities, so that licenses should be immediately available to any Provincial authority or to those capable of manufacturing it in quantities and of a quality necessitated by the great demand.

It is not merely a political or commercial question. The individual dose, if expensive, will prevent the great bulk of those affected from participating in its benefits. To its first cost is added the chemist's percentage, and the physician's fee for administering it. Little calculation is required to show that the success of any campaign against venereal diseases depends largely upon free or inexpensive treatment, and if the cost of salvarsan be maintained at its present level, the cure of venereal diseases will be retarded because the cost of the only present known remedy.

The Federal Government, if the matter were properly presented to it, might see its way to undertake the manufacture of this drug itself, supplying it free of cost to the provinces which established a proper system for its effective distribution and use.

The British Government in May, 1918, passed a regulation under the Defence of the Realm Act permitting any person to purchase, sell or distribute salvarsan and similar remedies without being liable to an action for the infringement of any patent.

Some public consideration was given to this subject by a Committee of the United States Senate, to whom was referred the petition of the Mayo Surgical Institute of Rochester (New York) asking that salvarsan patents be thrown open to the public. In their petition the Mayo Institute said:

"The sale of salvarsan in this country is controlled absolutely, both as regards name and methods of manufacture, by patents owned in Germany and controlled in this country by the Farbwerke-Hoechst Co., of New York City, of which one H. A. Metz is president.

"Salvarsan has been successfully manufactured in this country under the direction of the dermatological research laboratories of the Philadelphia Polyclinic, of which Prof. J. Frank Schamberg is director.

"The price of salvarsan as regulated by the Farbwerke-Hoechst Co., is a glaring example of a commercial monopoly reaping enormous profits at the expense of sickness and misfortune. It has been repeatedly stated by Prof. Schamberg that the drug can be placed on the market profitably and under appropriate governmental control at \$1 a dose instead of \$4.50, the price fixed by the holders of the patent rights.

"The prices which they maintain are prohibitive for a large body of sick and will effectually throttle a public campaign against syphilis as a disease until such time as the patents expire or are abrogated by Congress.

"We submit, further, that if it is unwise to permit commercial control of the public health in time of peace, it is doubly unwise to permit it at a time when the country is bending its energies to prepare for and successfully wage war. The protection of the Army and Navy from the ravages of this disease, which has long been recognized by physicians and laymen as a more serious menace to the manhood of a nation than many of the devices of an enemy; demands an abundant and cheap supply of this drug available not merely to governmental agencies but to all physicians, for use both among mobilized troops and in the civil population. The prevention of a devastating epidemic of syphilis during and after the war demands that from the first moment of mobilization until at least some years after the discharge of the last man at the close of the war, the medical profession of this country be able to employ salvarsan in treatment in amounts unlimited by any consideration of cost as dictated by the ideas of private monopolists representing alien interests in control of the supply of the drug."

The Senate Committee held a meeting on the 4th day of June, 1917. Mr. Metz attended and was heard. He was answered by Prof. George Walker, formerly associate in surgery in Johns Hopkins's University, and now chairman of the committee in charge of the University Clinic for syphilis. Dr. S. C. Vaughan, Dean of the

Department of Medicine and Surgery in the University of Michigan, and Dr. Janeway, Hospital Physician at Johns Hopkins.

Mr. Metz, who claimed to have the right from the German patentees to manufacture salvarsan in the United States of America, was questioned by the committee as to the cost of production. He did not seem very willing to answer the question, but finally the following figures were admitted by him: 50c. an ampoule, apart from salaries and overhead expense, which, including profit, he put at \$1.00 per ampoule, but he was unable or reluctant to state just what proportion of the \$1.00 was profit and how much was overhead expense. But his price to physicians was, he said, \$1.50.

In opposition to this, the doctors whose names I have mentioned, put the cost of production at from 25c. to 35c., and the selling price at 50c. per dose, but it is not clear whether they included overhead charges or not. Dr. Janeway stated that the Health Officer of the State of Massachusetts assured him that he had succeeded perfectly in making it at a cost of about 35c. per dose.

I am told that the Rockefeller Institute in New York are now experimenting and hope to be able to produce it at 25c. a dose of 0.6 grammes, but that, of course, will be without taking into account overhead charges. The price now established by the Synthetic Drug Co. as appears by their returns made to the Dominion Government is as follows: \$2.00 for the 0.6 dose to hospitals and dealers who take 1,000 tubes, with a discount of 50%, making the net price to these purchasers \$1.00. Other prices are in proportion. They offered to name a lower price to the Ontario Government if advised in what quantities salvarsan will be required.

On the 4th July, 1918, the Health Officer of Nova Scotia passed a resolution at their meeting asking that all restrictions be removed which would prevent the health authorities in Nova Scotia or any other province from making salvarsan for public health work.

The Federal Health Bill

2nd Session, 13th Parliament, 9-10 George V, 1919.

THE HOUSE OF COMMONS OF CANADA

BILL 37.

An Act respecting the Department of Health.

HIS Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. This Act may be cited as *The Department of Health Act*.

2. There shall be a Department of the Government of Canada which shall be called "The Department of Health," over which a Minister of the Crown to be named by the Governor in Council shall preside.

3. (1) The Governor in Council may appoint an officer, who shall be called "the Deputy Minister of Health," who shall be the deputy head of the Department and who shall hold office during pleasure.

(2) Such other officers, clerks and employees as are necessary for the proper conduct of the business of the Department may be appointed in accordance with the provisions of *The Civil Service Act*, 1918, and of any Acts in amendment thereof, all of whom shall hold office during pleasure.

(3) The Governor in Council may, subject to the provisions of *The Civil Service Act*, 1918, or any amendment thereto, transfer to the Department of Health any officer, clerk or employee now in the employ of His Majesty or of either or both Houses of Parliament, and subsection two of section seventeen of the said Act shall not apply to such transfers, and the money voted by Parliament for the financial year ending the thirty-first day of March, one thousand nine hundred and twenty, applicable to the payment of the salary or the increase of salary of any such officer, clerk or employee so transferred shall be available for the payment of his salary or increase of salary or the salary of any person appointed in his place in case of his death, retirement or dismissal while serving the Department of Health, in the same manner and to the same extent as if such officer, clerk or employee had not been so transferred.

4. The duties and powers of the Minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health and social welfare of the people of Canada over which the Parliament of Canada has jurisdiction; and, without restricting the generality of the foregoing, particularly the following matters and subjects:—

(a) Co-operation with the provincial, territorial, and other health authorities with a view to the co-ordination of the efforts proposed or made for preserving and improving the public health;

(b) The conservation of child life and child welfare;

(c) The inspection and medical care of immigrants and seamen, and the administration of Marine Hospitals;

(d) The supervision, as regards the public health, of railways, boats, ships and all methods of transportation;

(e) The supervision of Federal public buildings and offices with regard to the health of the Civil Servants and other Government employees therein;

(f) The enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty relating to boundary waters and questions arising between the United States of America and Canada, so far as the same relate to public health;

(g) The administration of the statutes mentioned in the Schedule to this Act, and of Acts amending the same, and also of all orders and regulations passed or made under any of the said Acts; and all the duties and powers of any Minister of the Crown under either of the said Acts or any of the said orders or regulations, are hereby transferred to and conferred upon the Minister of Health;

(h) The collection, publication and distribution of information to promote good health, and improved sanitation;

(i) Such other matters as may be referred to the Minister by the Governor in Council.

5. The Governor in Council shall have power to make such regulations as may be necessary to give effect to and carry out the objects of this Act, and to impose penalties for any violation of such regulations.

6. There shall be a Dominion Council of Health consisting of the Deputy Minister of Health, who shall be chairman, the chief executive officer of the Provincial Department or Board of Health of each Province, and such other persons, not to exceed three in number, as may be appointed by the Governor in Council, who shall

hold office for three years. The Dominion Council shall meet at such times and places as the Minister may direct, and shall be charged with such duties and powers as the Governor in council may prescribe.

7. The Minister shall annually lay before Parliament, within fifteen days after the meeting thereof, a report and statement of the transactions and affairs of the Department during the year then next preceding.

SCHEDULE.

REVISED STATUTES OF CANADA, 1906.

| | CHAPTER |
|-----------------------------------|---------|
| The Quarantine Act | 74 |
| The Adulteration Act | 133 |
| The Public Works Health Act | 135 |
| The Leprosy Act | 136 |

STATUTES OF 1908.

| | |
|---|----|
| The Proprietary or Patent Medicines Act | 56 |
|---|----|

The Acts in amendment of any of the foregoing Acts.

Editorial

Diphtheria Deaths

DIPHThERIA deaths are preventable. There were thirty-two such deaths in the Province of Ontario during March of this present year. These deaths might have been prevented. Every effort is made by the Provincial Board of Health to accomplish this by the provision of free laboratory service and by the free distribution of Diphtheria Antitoxin. Upon whom rests the responsibility?

A recent investigation carried out for the Massachusetts State Department of Health by Dr. Carey, probably furnishes the explanation. One thousand deaths were investigated; 62% of the deaths were in children under 5 years of age and approximately 24% of all these fatal cases were not seen by a physician until after they had been ill for one week!

It is the urgent duty of all local health authorities to impress upon parents the necessity of calling the doctor, in every cases of sore throat in young children. To delay is to enormously increase the danger of the child's losing its life; every parent should be aware of this fact; every local health authority should do everything possible to disseminate such information broadcast and should repeat the warning at regular, frequent intervals. "No deaths from Diphtheria" should be one of the aims of every community truly concerned in regard to the welfare of its members; every diphtheria death is preventable!

JOINT MEETING

OF

Canadian Public Health and Ontario Health Officers' Associations

AT

Toronto, on May 26th, 27th and 28th.

Opposition to the Federal Department of Health

THE attention of the PUBLIC HEALTH JOURNAL has been drawn to editorial utterances of the *Ottawa Citizen* of March 14th, and the *Ottawa Journal* of March 19th.

The editorial in *The Citizen* is entitled, "The Doctor vs. Public Health." The gist of the thesis of the writer in *The Citizen* is contained in the following quotation from the article in question: "The doctor's function, as everybody knows, is to treat individual disease, or at best, to advise individual patients how to act in order to avoid disease. . . . The conservation of public health on the other hand is the function of Sanitary Science. It consists mainly of maintaining healthful conditions in the matter of water supply, town-planning, plumbing, purity of food supply, etc., conditions which, when ideal, eradicate largely the cause of individual disease. In other words, the sanitary engineer's business is to remove the cause of disease, while the doctor's business is to treat the effect largely arising from unsanitary conditions." It is also claimed that the bill to create a Federal Department of Health is an attempt on the part of "allopathic" doctors who practise "inoculation and vaccination" to undertake measures which would be deleterious to the public interest.

The obvious ignorance of the elements of Hygiene and Preventive Medicine displayed by the writer of this editorial would seem to render it unnecessary for us to point out to our readers that no honest desire to better public health conditions in Canada inspired this attack on the bill to create a Federal Department of Health. Such a desire is evidently beyond the comprehension of those responsible for the editorial opinion of *The Citizen*.

Those least informed in regard to Social Service movements everywhere, realize that the highest, most unselfish function of the physician is not to wait until the patient is ill and then endeavor to treat the "individual disease," but to do everything in his power to so carry on his work that disease may be detected in its incipency and preventive measures adopted to arrest its further progress and also, if communicable prevent its further spread.

If this writer in *The Citizen* will make a most cursory examination of morbidity and mortality statistics it will be glaringly ap-

parent that the services of all the most eminent sanitary engineers on this continent will not serve to diminish the death rate due to organic heart disease, pneumonia, tuberculosis, cancer or apoplexy and these are the five principal causes of death. And obviously the diseases such as diphtheria, for which we have a sovereign remedy and syphilis for which there are also specific substances of the highest value in prevention and treatment are outside the sphere of influence of all other than the modern, well-trained scientific physician.

Such a physician recognizes no schools or cults; he is concerned with the causes of disease, and with efforts designed to control and ameliorate or cure them. His primary and chief interest is to lessen by every means in his power the number of premature deaths now annually recorded in Canada, due chiefly to ignorance and to malicious distortion of the truth, as exemplified in the above editorial.

Honest, constructive criticism of every measure put forward in the public interest should be welcomed, but malevolent misrepresentation of a plan unselfishly conceived and supported by those whose momentary interest can be subordinated to their aim to advance the welfare of the mass of the people; is most reprehensible, but is apparently all *The Citizen* has to offer.

The *Journal* fears that the creation of the new Federal Department will encroach on provincial rights. This is an unjustifiable fear. The Dominion has definite functions in reference to the public health to perform and these can be more efficiently carried out if all departments or branches of government concerned are co-ordinated and act under one rather than under several ministers. Unity of direction is essential.

The Department is not concerned with the question of medical standards or the views of those who profess to heal by any scientific or other method. It is concerned with those things in our every day lives which make for ill-health, destitution and unhappiness. Concerned with methods which may serve to minimize the opportunity of your child, dying of some preventable disease; with your wife dying of preventable cancer, with the possibility of some one near and dear to you contracting a venereal disease, and finally concerned with seeing to it that those who later are admitted to the privileges and duties of Canadian citizenship may be worthy of the sacrifices made by Canadians of this generation, on the blood-stained fields of Flanders.

If the Federal Department of Health bill is wisely drawn and passes into law and faithfully administered, it will be one of the few Acts of any Canadian Parliament designed to aid each and every one of us without regard to race, color or religion. Of mutual benefit to the rich and poor alike, and one with which no selfish motive whatever is associated. The Honourable Mr. Rowell will achieve a real triumph if he is successful in convincing the House of Commons of the fact that truth will ultimately prevail in this field of benevolent effort, as in every other.



The Provincial Board of Health of Ontario

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of March, 1919

THE reports of Secretaries of Local Boards of Health for the month of March show Scarlet Fever and Diphtheria prevails to a much greater extent than in the corresponding month of 1918. The cities where the increase for the last few months in Diphtheria is most noticeable are Toronto, Ottawa and Windsor. Scarlet Fever also has been prevalent in Fort William for some weeks. The Provincial Board of Health has distributed free of charge where Diphtheria prevails 25,946,000 units of Anti-toxin at a cost of \$3,891.00. The number of deaths from all causes reported by the undertakers are 2,895.

COMPARATIVE TABLE.

| <i>Diseases.</i> | 1919. <i>March.</i> | | 1919. <i>March.</i> | |
|---------------------------------|------------------------|----------------|------------------------|----------------|
| | <i>Cases.</i> | <i>Deaths.</i> | <i>Cases.</i> | <i>Deaths.</i> |
| Smallpox | 39 | 1 | 47 | 1 |
| Scarlet Fever | 445 | 10 | 339 | 9 |
| Diphtheria | 413 | 48 | 347 | 23 |
| Whooping Cough | 69 | 4 | 259 | 2 |
| Measles | 39 | 0 | 1,256 | 15 |
| Typhoid | 13 | 3 | 27 | 4 |
| Tuberculosis | 242 | 196 | 101 | 71 |
| Infantile Paralysis | 0 | 0 | 0 | 0 |
| Cerebro-Spinal Meningitis | 18 | 12 | 17 | 10 |
| Meningitis | 15 | 15 | 0 | 0 |
| | 1,293 | 289 | 2,393 | 135 |

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

| | <i>Cases.</i> | |
|------------------|-----------------------|--------------------------|
| | <i>March</i> 1919. | <i>February</i> 1919. |
| Syphilis | 97 | 85 |
| Gonorrhoea | 183 | 153 |
| Chancroid | 4 | 5 |
| | 284 | 243 |

NOTE.—Hereditary Syphilis caused 5 deaths of babies under 5 months old.

SMALLPOX CASES FOR MARCH, 1919.

| | |
|--------------------------|-------|
| Toronto | 1 |
| Ottawa | 16 |
| Belleville | 1 |
| Port Dover | 4 |
| Milton | 1 |
| Cobalt | 1 |
| Wilmot Tp. | 1 |
| Moore Tp. | 1 |
| Hawkesbury E. | 2 |
| Hawkesbury Village | 1 |
| Westmeath Tp. | 2 |
| Rolph, Etc. | 4 |
| Oliver Tp. | 1 |
| Ashfield | 3 |
| | <hr/> |
| | 39 |

Spanish Influenza and Pneumonia—Deaths for 6 months

Spanish Influenza is fast disappearing from the Province, as indicated by the decrease in deaths for the month of March. Since the first of October the epidemic has been either the primary or contributory cause of nearly 10,000 deaths in the Province. It will be observed in the deaths for March, Pneumonia caused 133 more deaths than Spanish Influenza.

DEATHS BY MONTHS.

| | |
|-----------------------------|-------|
| October | 3,015 |
| November | 2,608 |
| December | 1,568 |
| January | 1,512 |
| February | 812 |
| March, Influenza, 285 | |
| " Pneumonia, 418 | 703 |

Cities and towns reporting the most deaths for March:

Toronto, 56; Hamilton, 29; London, 4; Sault Ste. Marie, 10; Ottawa, 8; St. Catharines, 7; Woodstock, 5; Fort William, 17; St. Thomas, 2; Chatham, 2; Sarnia, 3; Stratford, 4; Niagara Falls, 3; Sudbury, 2; Mattawa, 2; Timmins, 2; Wallaceburg, 2; Paris, 3; Chesley, 2; Carleton Place, 2; Hastings Village, 2; Port Dover, 4; Oshawa, 2; Lancaster, 2; Windsor, 11; Vankleek Hill, 4.

The American Journal of Public Health reports as follows April, 1919) :

At the Boston City Club recently, Dr. E. R. Kelly, who presided, summarized the accomplishments of the campaign waged by the Massachusetts Health Department against venereal diseases during the past year. Twelve thousand cases of venereal diseases were reported. Of these 3,500 were cases of syphilis and 8,500 of gonorrhoea. Reporting of cases is done entirely by the use of numbers instead of names. Free treatment is offered to those who cannot pay. Arsphenamine is employed for this purpose. This chemical is manufactured by the state at the cost of about 25 cents a dose. It is estimated that 100,000 to 150,000 doses can be manufactured a year. Before the war, salvarsan cost \$4.50 a dose. The development of arsphenamine is the result of special researches carried out under the direction of the Massachusetts Health Department. The State Health Department of New York has also a Federal license. Arsphenamine is a chemical product identical with salvarsan and diarsenol.

The following biological products were supplied by the Provincial Board of Health, Ontario, during the month of March, 1919:

| | |
|--------------------------------------|------------------|
| Smallpox Vaccine | 13,480 Points |
| Diphtheria Antitoxin | 25,956,000 Units |
| Diphtheria Antitoxin | 1,024 Syringes |
| Anti-Meningitis Serum x 20 c.c. | 134 Vials |
| Anti-Meningitis Serum x 20 c.c. | 11 Outfits |
| Tetanus Antitoxin | 40,500 Units |
| Tetanus Antitoxin | 9 Syringes |
| Pasteur Preventive Treatments | 1 Patient |

Preliminary Programmes

JOINT CONGRESS

of the

8TH ANNUAL CONGRESS, CANADIAN PUBLIC HEALTH
ASSOCIATION

8TH ANNUAL MEETING, ONTARIO HEALTH OFFICERS'
ASSOCIATION
TORONTO.

MAY 26TH, 27TH AND 28TH
1919.

Convention Headquarters, Physics Building, University of Toronto.

PRELIMINARY PROGRAMME OF THE GENERAL SESSIONS.

Registration, 9 a.m.—10.30 a.m.

FIRST SESSION.

Monday, May 26th: 10.30 a.m. Auditorium, Physics Building.

Opening Remarks—Lt.-Col. J. W. S. McCullough, *Chief Officer of Health,
Ontario, Toronto.*

The Federal Department of Health—Michael Steel, M.D., M.P., *Tavistock,
Ont.*

State Health Insurance—C. J. C. O. Hastings, M.D., M.O.H., *Toronto.*

SECOND SESSION.

Monday, May 26th: 2 p.m. Auditorium, Physics Building.

Opening of Congress—His Excellency the Duke of Devonshire.

Presidential Address—Dr. J. A. Hutchinson, *Westmount, Que.*

Symposium on Influenza.

Etiology, Epidemiology, and Incidence of Influenza—Dr. W. H. Frost,
Surgeon, U. S. P. H. Service, Washington, D.C.

Sera and Vaccines in the Prophylaxis of Influenza—Dr. Augustus
Wadsworth, *Director, Div. Laboratories and Research, State Dept.
of Health, Albany, N.Y.*

Measures in the Control of Influenza—Lt.-Col. J. W. S. McCullough,
Toronto.

THIRD SESSION.

Monday, May 26th: 8.15 p.m. Convocation Hall, University of Toronto.

Mental Hygiene—Col. Thomas W. Salmon, *Medical Director U. S. National
Committee for Mental Hygiene, Washington, D.C.*

FOURTH SESSION.

Tuesday, May 27th: 2 p.m., Auditorium, Physics Building.

Address—Dr. A. D. Blackader, *Montreal, Que.*

Address—J. Prentice Murphy, *Secretary, Childrens' Aid Societies, Boston, Mass.*

Address—Dr. Gordon Gallie, *Toronto.*

Discussion.

Adjournment at 4 p.m. Reception will be tendered to the Delegates, by the Directors of the Royal Ontario Museum.

FIFTH SESSION.

Tuesday, May 27th: 8.15 p.m. Convocation Hall, University of Toronto.

A Social Hygiene Programme for Canada.

Address—W. H. Zinsser, *Chairman, Social Hygiene Division, Training Camps Activities Commission, Washington, D.C.*

Address—Raymond B. Fosdick, *Chairman, Training Camps Activities Commission, Washington, D.C.*

SIXTH SESSION.

Wednesday, May 28th: 2 p.m. Auditorium, Physics Building.

Our Canadian Girl, Some Suggestions in the Reconstruction of her Adolescence. Hon. Wm. F. Roberts, *Minister of Health, New Brunswick.*

"Community Nursing"—Miss K. Olmstead, *Extension Secretary, National Association for Public Health Nursing, Chicago, Ill.*

Discussion.

Business Meeting.

Adjournment at 4 p.m. for motor drive around the city.

PROGRAMME OF THE SECTION OF SOCIAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 a.m. Physics Building.

The Control of Venereal Diseases.

Chairman's Address—Capt. Gordon Bates, *C.A.M.C., Toronto.*

Duties of Municipal Health Authorities in Regard to the Ontario Venereal Diseases Act—M. B. Whyte, M.D., *Director of Medical Services, Department of Health, Toronto.*

The Rôle of the Laboratory—H. K. Detweiler, M.D., *University of Toronto.*

The Value of Social Service Work—Mrs. L. A. Hamilton, *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 a.m. Physics Building.

Joint Session with the Section of Mental Hygiene.

PROGRAMME OF THE SECTION OF MENTAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 a.m. Physics Building.

Chairman's Address—Lieut.-Col. C. K. Russell, *Montreal, Que.*

Symposium on "Mental Hygiene and Immigration."

- (a) Dr. W. H. Hattie, *Provincial Officer of Health, Nova Scotia.*
- (b) Dr. C. K. Clarke, *Medical Director, Canadian National Committee for Mental Hygiene.*
- (c) Major J. D. Pagé, *Director of Immigration, Port of Quebec.*
- (d) Dr. A. H. Desloges, *General Medical Superintendent of Insane Asylums of the Province of Quebec.*
- (e) Dr. Gordon S. Mundie, *Associate Medical Director, Canadian National Committee for Mental Hygiene.*

SECOND SESSION.

Wednesday, May 28th: 9.30 a.m. Physics Building.

Joint Session with the Section of Social Hygiene.

The Prostitute and the Community.

- (a) The Rôle of the Reformatory—Mrs. O'Sullivan, *Mercer Reformatory, Toronto.*
- (b) The Rôle of the Police Court.
- (c) The Rôle of the Jail Physician.
- (d) Psychiatric Considerations, discussed by—Miss M. Kniseley, *Head Worker, Social Service Department, Toronto General Hospital*; Miss E. Moss, *Psychiatric Social Worker, Toronto General Hospital*; Dr. C. M. Hincks, *Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene.*
- (e) Preventive Measures—Representative of the "Committee of Sixteen," *Montreal, Que.*

PROGRAMME OF THE SECTION OF LABORATORY WORKERS.

FIRST SESSION.

Tuesday, May 27th: 9.30 a.m. Physics Building.

Chairman's Address—The Development of the Public Health Laboratory.
Professor J. J. Mackenzie, *University of Toronto.*

Institutional Syphilis—F. W. Luney, *Institute of Public Health, London, Ont.*

The Use of Type I Anti-Pneumococcus Serum—Capt. W. R. Hodge, *Connaught Antitoxin Laboratories, University of Toronto.*

The Bacterial Count as a Check in the Canning of Meat—J. A. Allan, *Ontario Veterinary College, Toronto.*

Experimental Studies in Anterior Poliomyelitis—H. L. Abramson, *Director of Laboratories, New Brunswick.*

The Bacteriological Laboratories, at the Ontario Agricultural College—D. H. Jones, *Professor, Bacteriology, Guelph, Ont.*

SECOND SESSION.

Wednesday, May 28th: 9.15 a.m. Physics Building.

The Bacteriology of Swelled Canned Sardines—Wilfred Sadler, *Vancouver, B.C.*

Protein Sentisation from Parasites—Seymour Hadwen, *Biological Laboratories, Department of Agriculture, Ottawa, Ont.*

Visit to Connaught Antitoxin Laboratories, *Downsview, Ont.*

PROGRAMME OF THE SECTION OF CHILD WELFARE.

FIRST SESSION.

Tuesday, May 27th: 9.30 a.m. Physics Building.

Chairman's Address—D. J. Evans, M.D., *Montreal, Que.*

Report of the Secretary—Lionel Lindsay, M.D., *Montreal, Que.*

Reports of the Various Committees.

Committee No. 1. Obstetrics—Gordon Gallie, M.D., *Toronto.*

Committee No. 2. Pediatrics—Lionel Lindsay, M.D., *Montreal.*

Committee No. 3. Propaganda—Heber C. Jamieson, M.D., *Edmonton.*

Committee No. 4. Vital Statistics—Helen MacMurchy, M.D., *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 a.m. Physics Building.

Report of Committee "Rural Communities"—Miss M. Power, *Toronto.*

Round Table Discussion of this Report.

PROGRAMME OF THE SECTION OF MEDICAL OFFICERS OF HEALTH.

FIRST SESSION.

Tuesday, May 27th: Auditorium, Physics Building.

Presidential Address of the Ontario Health Officers' Association—G. R. Cruickshank, M.O.H., *Windsor, Ont.*

Some Observations on Diphtheria—W. S. Downham, M.O.H., *London, Ont.*

Sanitation of Rural Residences and Institutions—Professor P. Gillespie, *University of Toronto.*

The Public Health Officer and His Relation to Public Health in Ontario—S. E. L. Thompson, M.D., *Kingston, Ont.*

SECOND SESSION.

Wednesday, May 27th: 10 a.m. Auditorium, Physics Building.

Some Observations of the Recent Epidemic—H. O. Howitt, M.O.H., *Guelph, Ont.*

Some Problems for the New M.O.H.—D. V. Currey, M.O.H., *St. Catharines, Ont.*

The Public Health Laboratory as an Aid to the Health Officer—A. J. Slack, *London, Ont.*

How Sanitary Measures Reduce the Waste of Man Power in the Army—J. W. Shaw, *Clinton, Ont.*

